

GLASTONBURY

copy of Photo ID to address listed above

REQUEST FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

Full Legal Names Before N	Лarriage:			
Groom (or Spouse 1)				
Groom (or Spouse 1)	First	Middle	Last	
Bride (or Spouse 2)				
	First	Middle	Last	
Date of Marriage		Town of M	arriage	
Name of Person Making T	his Request: _			
Address:				
Town/City:	S	tate: Zip:		
Telephone No:		_Email Address:		
Signature: X				
Relationship to Persons N (if this is your own marriage				
*In accordance with C.G.S Department of Public Hea Security numbers of the b Social Security numbers.	Ith, shall be is:	sued a certified copy of	a marriage certificate o	containing the Social
Photo ID MUST be pro	esented by t	hose authorized to	obtain certified cop	y with Social
Security numbers.				
The fee for a certification	fied copy is \$20	O per copy		
 Forms of payment 	accepted are:	Cash, Money Order or	Personal Check made p	ayable to TOWN OF

Number of Copies Requested _____ x \$20 per copy Amount Enclosed \$ _____ Crafted From Marriage License Request Form – State Form VS-39M Rev. 9/10/2009

• If requesting through the mail, please send this Completed Request along with Payment and a legible